



Aquaplex School Days Application

- _____
(School / Organization) (Contact Person)
- No. of Children (80 Max): _____ Grade(s) / Age Range: _____ No. of Adult Chaperones: _____
- We would like to visit... Date: _____ Time: _____ to _____
Arrive Depart
Availability can be checked through Guest Services Coordinator. Must be M - F, 1 - 4p.
- We would like exclusive use of the Climbing Wall **for 1 hour** during our visit. No: _____ Yes: _____ Time: _____
* Requests for the Climbing Wall need to be submitted no later than 30 days prior to your visit to ensure proper staffing.*
- Anticipated method of payment (check one): Cash _____ Check _____ Visa / M.C. _____ (No Purchase Orders.)
* Payment will be made upon arrival on the day of your visit.*
- **Initial** _____ I am aware that my group will need to provide their own appropriate **swimwear** (no cut-offs or street clothes) and their own **towels**. The Aquaplex does not provide these items.
- **Initial** _____ I am aware that the Pool and the Gymnasium will be **open to the public** during our visit and we will not have exclusive access. These areas will be staffed for safety but staff will not organize games or activities.
- **Initial** _____ I am aware that if our group has requested use of the Climbing Wall, that all climbers must have the 2pg **waiver completed and signed by their parent or legal guardian**, have dry clothes & closed toes shoes, and meet the minimum 35lb weight requirement.
- **Initial** _____ I am aware that those in our group who intend on using the **Gymnasium** must have non-marking, closed-toed tennis shoes and dry clothing.
- **Initial** _____ I am aware that, due to circumstances beyond Aquaplex control, certain **areas / amenities may be forced to close** with little or no notice due to mechanical, chemical, or environmental issues. If my group decides to leave early due to a closure, a full refund will be issued and mailed via City check to the address listed below within 2-4 weeks.

Name (Printed)

E-mail

Number and Street

City

State Zip

Primary Phone

Alternate Phone

Name of Alternate Contact Person

Phone